

# Behavioral Profile and History – Cat

### This form must be filled out by the owner and submitted to the HABIC office with the Medical Evaluation Form

**Owner’s Name:**

**Mailing Address:**

**Home Telephone:**

**Work Telephone:**

**Cat’s Name:**

**Year of Cat’s Birth:**

**Sex:** [ ]  M [ ]  F

**Neutered:** [ ]  Yes [ ]  No

**Breed:**

1. How old was your cat when you acquired him/her?

2. Where did you get your cat?

3. Have you or anyone else ever taken this cat to a nursing home, hospital, mental health facility, etc.? [ ]  Yes [ ]  No

If “Yes,” please describe where and how often, and how the cat behaved in that situation.

4. Has your cat had experience with children? [ ]  Yes [ ]  No

 a. If “Yes,” please describe ages of children.

 b. What was you cat’s response to children of various ages?

5. Has your cat ever exhibited any aversion to, or aggression toward any person (e.g., physically impaired, physical characteristics)? [ ]  Yes [ ]  No

 If “Yes,” please describe:

6. How does your cat respond to its veterinarian?

7. How does your cat respond to other dogs/cats?

8. Does you cat know any commands? [ ]  Yes [ ]  No

 If “Yes,” please describe.

9. Does your cat have claws?

 a. If “Yes,” does your cat let you trim its claws? [ ]  Yes [ ]  No

 Describe how it behaves during this procedure.

 b. Has your cat ever scratched anyone? [ ]  Yes [ ]  No

 If “Yes,” what were the circumstances?

10. Can you groom (brush or comb) your cat? [ ]  Yes [ ]  No

 If “Yes,’ describe how it behaves during this procedure.

11. Do you ever hug or kiss your cat? [ ]  Yes [ ]  No

If “Yes,” how does it act?

12. Has your cat ever growled at anyone? [ ]  Yes [ ]  No

 If “Yes,” what were the circumstances?

13. Has your cat ever nipped or bitten anyone, even during play? [ ]  Yes [ ]  No

If “Yes,” what were the circumstances?

14. Is there anything else we should know about your cat? (i.e. activity which triggers a response)

###### Return this form along with your Application For Membership to:

HABIC - Colorado State University

School of Social Work

1586 Campus Delivery

Fort Collins, CO 80523

When this form and the Application Form are received, you will be contacted for an appointment for the Human-Animal Team Evaluation.